

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2			/				52						
3			/				53						
4			/				54						
5			/				55						
6			/				56						
7			/				57						
8			/				58						
9			/				59						
10			/				60						
11			/				61						
12			/				62						
13			/				63						
14			/				64						
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16			/				66						
17			/				67						
18			/				68						
19			/				69						
20			/				70						
21			/				71						
22			/				72						
23			/				73						
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25			/		/		75						
26	/		/		/		76						
27	/		/		/		77						
28			/		/		78						
29			/		/		79						
30			/		/		80						
31			/		/		81						
32			/		/		82						
33			/		/		83						
34			/		/		84						
35			/		/		85						
36			/		/		86						
37			/		/		87						
38			/		/		88						
39			/		/		89						
40			/		/		90						
41			/		/		91						
42			/		/		92						
43			/		/		93						
44			/		/		94						
45			/		/		95						
46			/		/		96						
47			/		/		97						
48			/		/		98						
49			/		/		99						
50			/		/		100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

2
33
35